

Encouraging eye care workers to stay: the role of investment and management



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Considering how expensive it is to train, recruit and employ eye health personnel, it makes sense to invest time and energy into creating a positive and productive working environment.



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Considerable effort (and often public money) is invested in the initial training, recruitment and placement of eye care professionals. It therefore makes good sense to support and motivate staff members to remain in their place of work – known as ‘retention’.

Financial compensation and support

Good pay is an important factor in a person choosing to remain in post; particularly if there are attractive offers elsewhere. In the public sector, it may not be possible to



Delivering eye care to rural communities. SRI LANKA

offer substantial increases in direct wages; however, it may be possible to offer other financial incentives such as health insurance, pension schemes and/or allowances for child care, transportation and housing. Safe and secure accommodation, supplied with water and electricity, is a huge priority for staff members. Access to good schools – where practical – may also be a good incentive to stay. Financial incentives, although important, are not the

Retention through career development: on-the-job training in Trinidad



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Recruiting, training and retaining an effective eye care team present challenges for the 35 ophthalmologists working in Trinidad and Tobago due to a shortage of allied ophthalmic personnel (AOP). AOP are essential members of the eye team and support both the productivity and quality of eye care provided.

In order to address the skills shortage, our private eye care practice has developed an on-the-job training (OJT) model that implements the International Joint Commission on Allied Health Personnel in Ophthalmology's (IJCAHPO) curriculum.

Potential candidates are offered a job in a practice (30% in our practice, and 70% in other practices in Trinidad and Tobago) and come to us for a six-month programme

of basic to advanced courses. These are delivered by four ophthalmologists from our practice as well as guest lecturers.

Potential candidates have to meet the Caribbean Examination Council's required level of skills (or equivalent) in English, mathematics, science and computer literacy. Students receive textbooks; participate in classroom, skills, independent, and on-line training; and are assessed using quizzes and rubrics. Clinical training provides patient experience. Upon completion, students take certification preparation courses and take the IJCAHPO's certification examinations. The examinations are offered at the Ophthalmological Society of the West Indies' (OSWI) annual congress and at computer-based centres in Trinidad.

Fifteen allied ophthalmic personnel are currently in training. Long-term programme viability will be enhanced by increasing the number of trainees and by state recognition of the qualification – this will create job opportunities for our trainees in public hospitals. Formal, recognised AOP training programmes

will then be sustainable and produce sufficient personnel to ensure the country's workforce is in keeping with the global health workforce requirements.

Training and qualification supports:

- Retention by building technician self-esteem
- Career progression with increased responsibilities and remuneration
- Lateral movement of employees, e.g. from one practice to another or to a government hospital.

At our practice, our training, retention and reward ('perk') strategies are aligned, and involve sending employees to conferences locally and abroad and giving them leadership roles. At OSWI's annual conference, we conduct a 4-5 day workshop consisting of lectures and hands-on training which is taught by ophthalmologists and qualified allied ophthalmic personnel.

We also recognise our employees by displaying their diplomas alongside their photographs so that patients can recognise their professional status and afford them the respect they deserve.

only factors that influence retention. The conditions in which one works also have a powerful influence on job satisfaction, behaviour and, ultimately, retention.

Good leadership and management

Managers and leaders set the tone in an organisation. Their values determine the kind of workplace it is for staff members; is it supportive and encouraging, or a 'blame culture', with an emphasis on fault finding?

Managers are most effective when they see themselves as providing:

- **Leadership**, e.g. by ensuring that staff members understand and share in the goals of the organisation.
- **Supportive supervision and feedback**, by means of regular review meetings that celebrate successes and review errors or challenges in a safe and

supportive environment. Allowing staff members to get in touch with managers at any time, whether to discuss patient care or personal problems, is highly motivating.

- **An environment that supports effective service delivery.** Staff rosters and schedules must balance work with time off. Provide access to a car or other means (e.g., a car or bike) and access to tools for communication and report writing (e.g., mobile phones and laptops).

“We encourage our team members to take on new roles in teaching or outreach.”

Supportive human resource policies

Any organisation must have human resource policies in place that are responsive to staff members in terms of their personal, family and professional needs; for

Continues overleaf ➤



From the field

Investing to improve conditions for retention and satisfaction at a paediatric eye centre in South Sulawesi, Indonesia

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Increasing the capacity and retention of human resources in specialised tertiary health centres is very important in order to achieve good quality eye care services for children. Our paediatric eye centre, part of the university hospital of Hasanuddin in Makassar (a province of South Sulawesi), provides services to the eastern islands of Indonesia.

Until recently, our centre was led by a paediatric ophthalmologist and a refractionist. At that time, the number of children we were able to help was very low, as refractions, orthoptic evaluations, ocular examinations and counselling took a long time, which meant that children and their parents had to wait for extended periods. Low vision assessment was similarly affected. The working conditions were stressful and staff members' overall satisfaction levels were low.

In 2016, supported by the Seeing is Believing programme and collaborating partners, a significant investment was made to increase the number of trained staff responsible for providing paediatric services. In addition to the paediatric ophthalmologist and refractionist, the centre now has a second ophthalmologist, an orthoptist, a counsellor, a low vision specialist and a rehabilitation worker. The centre was moved to a more child-friendly environment and the flow of patients through the clinic was re-organised to



NUR AULIA AMIR

Improving conditions in an eye unit benefits staff and the community. INDONESIA

reduce waiting times and improve the quality of services.

Since this additional investment, the waiting time for patients in the outpatient department has decreased by 75% and up to 20 patients are seen daily. Furthermore, surgical referrals have become more varied as the ophthalmologists are now able to handle complicated cases. Low vision services improved after staff members at the clinic received basic and advanced low vision training, which is supported by the new facilities and space available to them. Currently, 3–5 paediatric low vision cases are assessed each day, compared to 1–2 cases per month before.

Retaining our new staff members is very important to us. In addition to the services they provide in the eye clinic, we encourage our team to take on the role of teaching residents and/or being responsible for outreach activities, including school eye health screening. We also encourage them to discuss patients' cases in internal meetings. All of this gives them a sense of belonging in the team and in the wider community. In order to give our staff members the best financial package we can, we now employ them as civil servants.

With thanks to Marliyanti Akib, Adelina Poli, Abrar Ismail, Habibah Muhiddin, Rishiraj Borah and Satyaprabha Kotha

example, policies giving guidelines about annual and maternity leave. This can build staff members' connection to the institution.¹ Equally important is having fair and transparent systems that highlight the duration of a posting (particularly to remote settings) and clear processes to address any difficulties or grievances in a supportive manner.

Status and career advancement

Staff members are more likely to stay if they understand the potential career path open to them and know exactly what they must achieve in order to be promoted to a more responsible or demanding post with more benefits.

Continuing professional education

Training enables health care professionals to set – and achieve – personal goals, retain their professional registration, and develop their skills and careers; all of which is motivating and improves their willingness to remain. Training existing staff members (for example, through online learning) can improve and extend the services offered at an eye clinic or hospital. This may be more cost-effective than recruiting new personnel.

Recognition

There are many ways to express our appreciation of a person. These can be inexpensive, yet effective, such as regular 'checking-in' by the supervisor to see how personnel are doing or what they need, receiving a kind word from a manager/director to commend good work, or simply noting the birth or graduation of a family member. Awards or recognitions build the confidence of staff members and contribute toward the feeling of being valued and included.

Teamwork

Working as part of a team is highly motivating. This requires first and foremost that the organisation genuinely values teamwork and ensures that everyone in the team clearly understands, accepts and values their own and each other's roles – whether clinical or non-clinical. Involve staff members in planning and identify what each member is willing to take responsibility. This ensures ownership – and pride! – when the team succeeds.

Hospital infrastructure and community relations

The good reputation of an organisation within the community, smooth patient registration systems, functioning equipment, reasonable wait times, and pride in providing quality care all are big motivators for staff and patients. Demonstrate, and encourage staff members to develop, a relationship of mutual respect, trust and acceptance with the local community.

Reference

1 Roberts H. Creating motivation, identifying incentives and enablers, and encouraging staff development. *Comm Eye Health* 2005;56(18):122-124. www.cehjournal.org/article/creating-motivation-identifying-incentives-and-enablers-and-encouraging-staff-development/

Guatemala: How we create a welcoming workplace for our staff and patients



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Change and growth in our hospital can be stressful. We decided to address this by promoting staff motivation and team efficiency. Here is a short description of what we do at Visualiza in Guatemala.

We have created a hospital-wide engagement process to prevent and address problems of wide concern. The process is led by a service committee (SC), consisting of leaders from each of the departments, including counselling, outpatient, surgery, management. The SC is responsible for promoting improvement and motivation throughout the hospital.

Interaction

The SC identifies problems that require improvement and carries out activities with all 135 staff members. Through quizzes, talks and games, they encourage groups to be creative and design solutions to the problems that have been identified. All are encouraged to make suggestions, and prizes are given to the most popular solutions in order to keep the process fun.

The SC also collaboratively develops – and then promotes – a profile setting out the qualities of a good employee. We train everyone in the "Magic of Service" and choose service tutors who observe and congratulate other staff members who offer high quality patient service.

Continuity

After tutoring, the training is kept alive with reminders and activities to enforce the change. For example, we have lunchtime cinema every Tuesday to play a segment of a movie that brings out a situation that is thought-provoking and appreciated by the staff. We encourage everyone to participate.

The director encourages the SC to keep up with their motivational activities for the hospital by reviewing the SC agenda of activities, schedule and providing a budget.

Outcomes

The willingness of staff members to express ideas has increased. Communication between managers and their team has improved. For the most part, team members are happy in their work area. This has a positive impact on teamwork and on the atmosphere the patients feel. We believe this positive culture-building attracts patients and boosts our overall quality of care.

Regional and institutional culture influences what kinds of motivation and team building activities are effective. How would you apply this example from Latin America to your own eye hospital or department? Please share your experience and ideas with us by writing to editor@cehjournal.org



A group puzzle game spells out: 'Your health and wellbeing is our reason for being'. GUATEMALA